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FROM: Kory D. Christensen	(801) 578-6993	kdchristensen@stoel.com	

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COMMENTS:

Attached is an Amendment, Request for Continued Examination, and accompanying documents for Serial No. 10/092,008, filed March 6, 2002, entitled CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE.


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SaltLake-260772.1 0050588-00105

SEP 14 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 50588/105
Applicant(s): Loe V. Gryen		
Serial No. 10/092,008	Filing Date March 6, 2002	Examiner Steven B. Theriault
		Group Art Unit 2179
Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE		
<p>I hereby certify that this <u>Amendment Transmittal Letter; see below.</u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571.273.8300</u>)</p> <p>on <u>September 14, 2005</u> <i>(Date)</i></p> <div style="text-align: right; margin-top: 100px;"> <u>Kory D. Christensen</u> <i>(Typed or Printed Name of Person Signing Certificate)</i>  <i>(Signature)</i> </div>		
<p>Note: Each paper must have its own certificate of mailing.</p> <p>Transmittal: Amendment (27 pgs.) Request for Continued Examination (1 pg.) PTO-2038 Credit Card Payment Form in the amount of \$790.00</p>		

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50588/105	
Applicant(s): Loc V. Nguyen					
Serial No. 10/092,008	Filing Date March 6, 2002	Examiner Stephen B. Theriault		Group Art Unit 2179	
Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE					
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TO THE ASSISTANT COMMISSIONER FOR PATENTS: CENTRAL FAX CENTER					
Transmitted herewith is an amendment in the above-identified application.					SEP 14 2005
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43 -	45 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 Signature			Dated: September 14, 2005		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Kory D. Christensen Reg. No. 43,548 STOEL RIVES LLP One Utah Center 201 South Main Street - Suite 1100 Salt Lake City, UT 84111 Telephone: 801.578.6993 Facsimile: 801.578.6999</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div> </div>					
cc: Client					

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